

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

P00000005976

Financialbridge, Inc.

2. Principal Office Address

11410 N. Kendall Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Same

City & State

Miami, FL

City & State

Same

Zip

33176

Country

USA

Zip

Same

Country

Same

**REINSTATEMENT**

FILED

05 MAR -1 AM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-05

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/2000

5. FEI Number

52-2211416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mr. Eddie Essien

Street Address (P.O. Box Number is Not Acceptable)

11410 N. Kendall Drive

400047924264

Suite, Apt. #, Etc.

Suite 304

03/08/05--01016--017 \*\*1351.75

City

Miami

State

FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/28/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mr. Eddie Essien	11410 N. Kendall Drive, Suite 304	Miami/FL/33176
V.P.	Mr. Vincent Zubero	11410 N. Kendall Drive, Suite 304	Miami/FL/33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Mr. Vincent Zubero V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-05

Daytime Phone #

305 596-1005

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